

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request:		2 Serial/Patent #			
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3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing				\$
<input type="checkbox"/>	Amendment				\$
<input type="checkbox"/>	Extension of Time				\$
<input type="checkbox"/>	Notice of Appeal/Appeal				\$
<input checked="" type="checkbox"/>	Petition	None	2/9/04	\$ 130.00	
<input type="checkbox"/>	Issue				\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/>	Maintenance				\$
<input type="checkbox"/>	Assignment				\$
<input type="checkbox"/>	Other				\$
			7 TOTAL AMOUNT OF REFUND	\$ 130.00	
8 TO BE REFUNDED BY:					
10 REASON:			Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:		
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	9 50 -- 1529		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<p>PTO lost the papers</p>			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:			TITLE:		
<u>Paul Shainoski</u>			<u>Senior Attorney</u>		
SIGNATURE:			PHONE:		
<u>Paul Shainoski</u>			305-0011		
OFFICE:			*****		
<u>Office of Petitions</u>			*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:			DATE:		
<u>Ullica Kelle</u>			4-19-04		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B